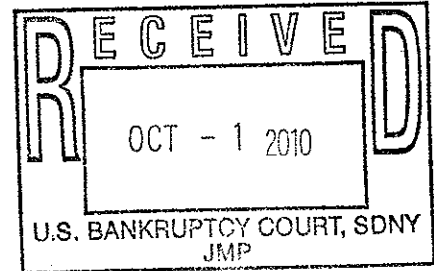


AUGUSTO, CHIERICHETTI
Via Della Biella 6
21053 CASTELLANZA (VA) - ITALIA

1. **The chambre of the Honorable James M. Peck**
One Bowling Green
New York
New York 10004
Courtroom 601
2. Attorneys for the Debtors
Weil Gotshal & Manges LLP
767 Fifth Avenue
New York
New York 10153
(attn: Shai Waisman, Esq)
3. **The office of the United States Trustee for the Southern District of New York**
33 Whitehall Street, 21st Floor
New York
New York 10004
(attn: Andy Velez-Rivera, Esq., Paul Schwartzberg, Esq., Brian Masumoto, Esq., Linda Riffkin, Esq., and Tracy Hope Davis, Esq.)
4. Attorneys for the official committee of unsecured creditors appointed in these cases,
Milbank, Tweed, Hadley & McCloy LLP
1 Chase Manhattan Plaza
New York
New York 10005
(attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq., and Evan Fleck, Esq.)



OBJECT	
Claim Number	65606
Date Filed	11/18/2009
Debtor	08-13555
Classification and Amount	Unsecured USD 28,486.00
Notice of Hearing on Debtors' Forty-Third Omnibus Objection to Claims (Late-Filed Lehman Programs Securities Claims)	
DATED September 13, 2010	

Dear Sirs

With reference to your notice dated 13th of September 2010 I contest the fact that you have not accepted the claim ref. 65606 due to the fact it arrived late.

The reasoning behind my contestation is due to the fact that on the 16th of October 2009 I sent to the <United States Bankruptcy Court Southern District of New York, Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions LLC> two letters, sent indepently by recorded delivery with acknowledgement of receipt, 2 seperate claims (claim ref 65606 and claim ref 46419).

Of these 2 claims claim ref 46419 was received by you on the 26th of October 2009 whereas claim ref 65606 was received by you on the 18th of November 2009. I do not understand how this late receival of the claim 65606 is possible when, I stress, the 2 claims where sent at exactly the same time.

Due to this fact I contest the late submission of the claim ref 65606.

I attach a copy of the 2 proof of postage receipts of the claims that prove the contemporary postage of those 2 claims.

I eagerly await your response

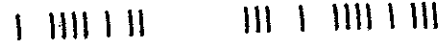
Yours sincerely

Chierichetti Augusto

CLAIM NR 65606

Posteitaliane ITALIE		AVVISO di ricevimento/di consegna/di pagamento/d'iscrizione AVIS de réception/de livraison/de paiement/d'inscription		CN 07/BII Mod. 01302A - Ed. 007 - EP142NEP1631 - St. 09 Servizio delle Poste Service des Postes	
UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK Fraz. 89126 Sez. 09 16/10/2009 ehman Brothers Holdings Claims Processing Center 'o Epiq Bankruptcy Solutions, LLC DR Station, P.O. Box 5076 New York, NY 10150-5076				A.R. Prioritario / Prioritaire Via Aerea / Par Avion Da restituire a: / Renvoyer a:	
<input type="checkbox"/> Raccomandato Recommandé		<input type="checkbox"/> Pacco Colis		<input type="checkbox"/> Valore dichiarato Valeur déclarée	
<input type="checkbox"/> Vaglia Mandat international		<input type="checkbox"/> Assegno di assegnazione Chèque d'assignation		Importo - Montant Importo contrassegno - Montant du remboursement	
N° invio N° de l'envoi		RR70101105711			
Da compilare a destinazione / A remplir par le bureau de destination					
<input type="checkbox"/> L'invio sopra indicato è stato debitamente L'envoi mentionné ci-dessus a été dûment		<input type="checkbox"/> Rimesso Remis		<input type="checkbox"/> Pagato Payé	
<input type="checkbox"/> Accreditato su CCP Inscrit en CCP		Data - Date: 11/02/09			
Firma - Signature: M. D.		Nome del destinatario in stampatello (o altro mezzo chiaro d'identificazione) Nom du destinataire en lettres majuscules (ou autre moyen clair d'identification)			
Questo avviso potrà essere firmato dal destinatario o, se i regolamenti del paese di destinazione lo prevedono, da altra persona autorizzata. / Cet avis pourra être signé par le destinataire ou, si les règlements du pays de destination le prévoient, par une autre personne autorisée.					

CHIERICHIETTI AUGUSTO
 VIA DELLA BIELLA 6
 21053 CASTELLANZA V.A.
 ITALY



N. Raccomandata 13750289547-1		Posteitaliane Mod. 22 R - MOD. 04000A - Ed. 09 - EP1530 - St. 11	
Accettazione RACCOMANDATA Si prega di compilare a cura del mittente a macchina o in stampatello È vietato introdurre denaro e valori nelle raccomandate. Poste Italiane SpA non ne risponde		RICEVUTA	
MITTENTE CHIERICHIETTI AUGUSTO VIA DELLA BIELLA 6 21053 CASTELLANZA V.A.		DESTINATARIO UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK EPIQ BANKRUPTCY SOLUTIONS HOLDING CLAIMS DR STATION PO BOX 5076 NEW YORK NY 10150-5076	
SERVIZI ACCESSORI RICHIEDI Contrassegno la casella interessata		<input type="checkbox"/> Via aerea <input type="checkbox"/> Assegno e <input checked="" type="checkbox"/> A.R. TASSE	

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) CHIERICHETTI AUGUSTO VIA DELLA BIELLA, 6 21053 CASTELLANZA (VA) ITALY Telephone number: 0331-502130 Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ 28486 (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): XS0163559841 (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: C0 39457 (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: 11037 (Required)</p>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY	
Date: 10/10/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Chierichetti Augusto		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

CLAIM NR 46419

Posteitaliane ITALIE

AVVISO di ricevimento/di consegna/di pagamento/d'iscrizione
AVIS de réception/de livraison/de paiement/d'inscription

CN 07/Bil

Mod. 01302A - Ed. 9/07 - EP1428EP1531 - SL (SP)
Servizio delle Poste
Service des PostesTimbro dell'ufficio che rinvia l'avviso
Timbre du bureau renvoyant l'avisUNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORKLehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

A.R.

Prioritario / Prioritaire
la Aerea / Par Avion

la restituire a: / Renvoyer a:

CHIERICHETTI AUGUSTO
VIA DEUA BIELLA 6
21053 CASTELLANZA VA
ITALY
Nome o ragione sociale / Nom ou raison sociale
Via o n° / Rue et n°
CAP e Località / Code Postal et Localité
Nazione / Pays
☐ Vaglia
Mandat international
 ☐ Assegno di assegnazione
Chèque d'assignation
 Importo/contrassegno - Montant du remboursement
N° invio
N° de l'envoi: RR7010110651T

Da compilare a destinazione / A remplir par le bureau de destination

 L'invio sopra indicato è stato debitamente
L'envoi mentionné ci-dessus a été dûment
Data - Date: 10/26/09
Firma - Signature: [Signature]
Nome del destinatario in stampatello (o altro mezzo chiaro d'identificazione)
Nom du destinataire en lettres majuscules (ou autre moyen clair d'identification)
757 Third Avenue, 3rd Floor
New York, NY 10017
646-282-2500

Questo avviso potrà essere firmato dal destinatario o, se i regolamenti del paese di destinazione lo prevedono, da altra persona autorizzata. / Cet avis pourra être signé par le destinataire ou, si les règlements du pays de destination le prévoient, par une autre personne autorisée.

N. Raccomandata

13750289548-2



Posteitaliane

Mod. 22-R - MOD. 0400A - Ed. 09 - EP1630 - SL (11)

Accettazione RACCOMANDATA

RICEVUTA

E' vietato introdurre denaro e valori nelle raccomandate. Poste Italiane SPA non ne risponde

Si prega di compilare a cura del mittente a macchina o in stampatello

MITTENTE		DESTINATARIO	
SERVIZI ACCESSORI	RICHIESTITI	UNITED STATES BANKRUPTCY COURT	SOUTHERN DISTRICT OF NEW YORK
Contrassegna la casella interessata.		LEHMAN BROTHERS HOLDINGS CLAIM P.C.	FDR STATION P.O. BOX 5076
<input type="checkbox"/> Via aerea	<input checked="" type="checkbox"/> A.R.	VIA/PIAZZA	21053 CASTELLANZA VA
<input type="checkbox"/> Assegno €		CAP/PROV.	NY/10150-PROV. NY
		COMUNE	
		PROV.	

(accettazione manuale)

TASSE

RR7010110651T
13750289548-2

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:

Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11

Case No. 08-13555 (JMP)
(Jointly Administered)

Note: This form may not be used to file claims other than those
based on Lehman Programs Securities as listed on
<http://www.lehman-docket.com> as of July 17, 2009

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from
Creditor)

CHIERICHETTI AUGUSTO
VIA DELLA BIELLA, 6
21053 CASTELLANZA (VA) ITALY

☐ Check this box to indicate that this
claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: 0321-502130

Email Address:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that
anyone else has filed a proof of claim
relating to your claim. Attach copy of
statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 42729 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0181945972 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: CA 39458

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: 11037

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

10/10/09

* K. Chierichetti

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571